

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/325,099	06/03/99	375	2734	4498

APPLICANT

ALEXANDER SHVARTS, ARLINGTON, MA, DECEASED; BY TANYA BULKOUSHTEYN,  
ARLINGTON, MA, LEGAL REPRESENTATIVE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None if

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None if

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None if

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <u>if</u> Initials					

ADDRESS

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TITLE

TRANSLATION LOOP MODULATOR

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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